## **Best Available Copy**

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	ALL LIVATIVIT	<b>FEE DETERMINATION</b>	

Effective October 1, 2000

Application	or Docket Innin
1031	1205

	CLAIMS AS FILED - PART (Column 1)		0		SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY												
TOTAL CLAIMS		20				Γ	RATE	FEE		RATE	FEE									
FOR			MBER FILED		NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00									
TOTAL CHARGEABLE CLAIMS 20 minus 20=			us 20=	*		Ī	X\$ 9=		OR	X\$18=										
INDEPENDENT CLAIMS 3 minus 3 =			nus 3 =	*			X40=		OR	X80=										
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=	,									
* If the difference in column 1 is less than zero, enter			r "0" in c	olumn 2	L	TOTAL	355	OR	TOTAL	,										
CLAIMS AS AMENDED - PAR			- PAR	T II						OTHER										
		(Column 1)		(Colu		(Column 3)	1 -	SMALL E		OR	SMALL									
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE								
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=									
AME	Independent	*	Minus	***	T O1 411	=		X40=		OR	X80=									
Ļ	HIRST PRESE	NTATION OF ME	ULIIPLE DEF	ENDEN	LAIM		ľ	+135=		OR	+270=									
	, <u>,                                  </u>					•	L	TOTAL			TOTAL ADDIT. FEE									
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE	•		אטטוו. רבב.									
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE								
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=									
AME	Independent	*	Minus	***	T () ( ) (	=	<b> </b>	X40=		OR	X80=									
Ļ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	LOLAIM		<b>」</b>	+135=		OR	+270=	1								
							L	TOTAL ADDIT FEE		OR	TOTAL ADDIT. FEE									
	and the same	(Column 1)			mn 2)	(Column 3)														
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUA PREVI	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE								
	Total	*	Minus	**		=	] [	X\$ 9=		OR	X\$18=									
	Independent	*	Minus	***		=	<u> </u>	X40=		OR	X80=									
	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM	1	1			1										
	If the entry in colu	ımn 1 is less than t	the entry in colu	umn 2, wri	te "0" in c	olumn 3.		+135= TOTAL		OR	+270= TOTAL									
**	If the "Highest Nu *If the "Highest Nu	ımber Previously P ımber Previously F	Paid For" IN TH Paid For" IN TH	IS SPACE IS SPACE	is less thes the	an 20, enter "20 an 3, enter "3."		ADDIT. FEE	aranriata h -	OR	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.									